

# CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			↓	DATE OF ORDER	TIME OF ORDER _____ HOURS	LIST TIME ORDER NOTED AND SIGN
				<b>POST-ANESTHESIA CARE UNIT ORDERS</b>		
				<b>A. Analgesic Orders:</b>		
				1. ( ) mg MORPHINE		
				( ) mg MEPERIDINE		
				( ) mcg ( ) cc FENTANYL		
NURSING UNIT	ROOM NO.	BED NO.		IV every _____ minutes as needed for pain.		
				Up to _____ mg/mcg may be administered.		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER _____ HOURS	
				2. Administer _____ mg of Meperidine IV now for post-operative shivering. Repeat in _____ minutes PRN shivering.		
				<b>B. Antiemetic Orders:</b>		
				3. Administer: ( <i>Check choices.</i> )		
				<input type="checkbox"/> 4 mg Ondansetron		
NURSING UNIT	ROOM NO.	BED NO.		<input type="checkbox"/> 10 mg Metoclopramide		
				<input type="checkbox"/> 6 mg Promethazine		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER _____ HOURS	
				<input type="checkbox"/> Other: _____, _____ mg		
				IV as needed for nausea. This (MAY) (MAY NOT) be repeated once _____ minutes after the first dose.		
				<b>C. Discharge Orders:</b>		
				4. This patient is an ASA _____ and (MAY) (MAY NOT) be		
NURSING UNIT	ROOM NO.	BED NO.		be discharged from the PACU as per the PACU discharge protocol.		
PATIENT IDENTIFICATION				DATE OF ORDER	TIME OF ORDER _____ HOURS	
				<b>D. Additional Orders:</b>		
NURSING UNIT	ROOM NO.	BED NO.		<b>Signature:</b>		
				<b>Printed Name:</b>		